

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 264

1. PLACE OF BIRTH

County _____ State _____
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William John Ryan (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 6 18 28
Month Day Year

8. FATHER Full name Wm M. Ryan 14. MOTHER Full maiden name Francis Pangermuth

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Am. 11. Age at last birthday 29 (Years) 16. Color or race Am. 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) New York 18. Birthplace (city or place) Ill.
(State or country) (State or country)

13. Occupation Printer 19. Occupation Printer
Nature of industry Nature of industry

20. Number of children of this mother 2 (a) Born alive and now living 2
(Taken as of time of birth of child herein (b) Born alive but now dead _____
certified and including this child.) (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7:15 P.M. the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. G. Perkins

(Physician or midwife).

Given name added from a supplemental report _____ Address Miami

Month, day, year

Filed June 20, 1928 L. S. Drinn Registrar

Registrar

695-614-668